

**LOUDOUN COUNTY ANIMAL CARE AND CONTROL**  
**39820 Charles Town Pike**  
**Waterford, VA 20197**  
**703-777-0406**



### **APPLICATION PROCEDURE**

An application must be completed showing the total household income, and financial assistance received (if any) plus the pet's weight and vaccination information. Please return the application to Loudoun County Animal Care and Control for consideration. You will be contacted by telephone with an approval or denial.

CARE carefully screens applications to verify financial need. Any application that is received without income documentation will be returned as incomplete.

### **ACCEPTANCE**

Once you have been accepted as a recipient of CARE benefits you will be notified, and assigned a participating veterinarian. Eligibility will be revised on a bi-annual basis.

### **SPAY/NEUTER AND MEDICAL APPOINTMENTS**

The pet owner will choose a veterinarian from the list of participating vets provided by Loudoun County Animal Care and Control. The owner will be responsible for contacting the designated veterinarians, arranging the appointment, transporting, and picking up their own pet. CARE will not provide financial assistance for any medical expenses not approved prior to appointment.

An employee of Loudoun County Animal Control C.A.R.E. program will send notification to the participating Veterinarian to notify and receive approval.

**REQUIREMENT**

1. To qualify for assistance from this program, applicants must reside in Loudoun County, Virginia.
2. CARE applications must be submitted and approved prior to receiving assistance. Emergencies will be reviewed on a case by case base.
3. CARE assistance will only be provided for existing animals at time of application. Obtaining additional animals after acceptance into the program will impact your eligibility.
4. No residents of the household under consideration for CARE benefits may have been convicted of animal cruelty charges.
5. County Dog License must be purchased by dog owner at time of acceptance.
6. Dog's confinement must be adequate per State Code. Any chained dog must be moved to a cable runner.
7. All applications must qualify with proof of financial aid.
8. All dogs, cats and rabbits under considerations for CARE benefits must be spayed or neutered within 30 days.
9. If CARE applicant moves he/she must notify Animal Control

**Proof of financial aid**

1. Social Security income
2. Department of Aging
3. Medi-Care
4. Referrals from Social Services
5. Food stamps
6. WIC
7. Families of Dependant Children
8. Federal Supplement
9. Disability checks
10. Limited income
11. Section 8
12. Red Cross for victims of natural disaster
13. LAWS program – reviewed by the CARE committee
14. The CARE committee will review other forms not listed.

**APPLICATION FOR ASSISTANCE**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Does your household currently participate and receive assistance from any of the following programs?

- |                                   |          |               |
|-----------------------------------|----------|---------------|
| 1. Social security income         | yes_____ | case #: _____ |
| 2. Department of aging            | yes_____ | case #: _____ |
| 3. Medi-Care                      | yes_____ | case #: _____ |
| 4. Referrals from Social Services | yes_____ | case #: _____ |
| 5. Food stamps                    | yes_____ | case #: _____ |
| 6. WICK                           | yes_____ | case #: _____ |
| 7. Families of Dependant Children | yes_____ | case #: _____ |
| 8. Federal Supplement             | yes_____ | case #: _____ |
| 9. Disability checks              | yes_____ | case #: _____ |
| 10. Limited income                | yes_____ | case #: _____ |
| 11. Section 8                     | yes_____ | case #: _____ |

Case Worker Name: \_\_\_\_\_ Telephone Number\_\_\_\_\_

***Proof of income required: Please attach a copy of most recent pay stub and or supplemental income.***

Total household gross income per month: \_\_\_\_\_.

Number of adult in the household: \_\_\_\_\_ Children: \_\_\_\_\_.

How many people are supported on this income? \_\_\_\_\_.

Monthly rent or mortgage: \_\_\_\_\_.

### **Pet Information**

Cat/dog: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Detailed description: \_\_\_\_\_

\_\_\_\_\_

How long have you had this pet? \_\_\_\_\_ How acquired? \_\_\_\_\_

\_\_\_\_\_

If female, is she in heat? \_\_\_\_\_ Pregnant? \_\_\_\_\_ Date of last heat cycle: \_\_\_\_\_

How many previous litters? \_\_\_\_\_ Do you still have any of the litter at home?

\_\_\_\_\_

Has your pet had a distemper vaccination? \_\_\_\_\_ Rabies vacc? \_\_\_\_\_ Heart worm test

(dogs)? \_\_\_\_\_

Name of veterinary clinic the vaccinations were given: \_\_\_\_\_

\_\_\_\_\_

Is your dog current on County Dog License? \_\_\_\_\_ If yes, please provide the license

number: \_\_\_\_\_.

Is the pet primarily: inside: \_\_\_\_\_ outside: \_\_\_\_\_

Type of confinement: \_\_\_\_\_

How did you hear about the CARE program? \_\_\_\_\_

\_\_\_\_\_

### **Other Pets**

Please list other pets you have:

#### **Dogs**

Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered \_\_\_\_\_

How long have you had? \_\_\_\_\_

Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered \_\_\_\_\_

How long have you had? \_\_\_\_\_

Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered \_\_\_\_\_

How long have you had? \_\_\_\_\_

#### **Cats**

Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered \_\_\_\_\_

How long have you had? \_\_\_\_\_

Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered \_\_\_\_\_

How long have you had? \_\_\_\_\_

#### **Other**

Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered \_\_\_\_\_

How long have you had? \_\_\_\_\_

**Assistance Requested**

Spay \_\_\_\_\_ Neuter \_\_\_\_\_ Medical \_\_\_\_\_ Food \_\_\_\_\_

Explain type of medical assistance requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated term of need: \_\_\_\_\_

I certify that the above information is accurate and true. I authorize Loudoun County Animal Care and Control to contact any sources necessary to establish accuracy of the information given by me. I also certify that the animal(s) listed in the application belongs to me.

**I certify that I have never been convicted of animal cruelty, neglect or abandonment.**

---

**Applicant Signature**

**Date**

---

**Received by**

**Date**

***Note: Each application has a processing time of one to two weeks. Certificate must be used for the date and vet facility indicated or will become void. Any debt over the amount provided by CARE is the responsibility of the pet owner.***

**VERIFICATION**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate valid until: \_\_\_\_\_

Name of selected veterinarian: \_\_\_\_\_